

**TRAINEE QUALIFICATIONS AND CREDENTIALS VERIFICATION LETTER  
(TQCVL)  
FOR TRAINEES IN PROGRAMS SPONSORED BY  
AN AFFILIATED PROGRAM OR INSTITUTION**

**(NOTE:** This sample letter is to be completed by the non-VA Program Director at the affiliated sponsoring institution and sent to the VA Facility Director through the VA Designated Educational Officer and Chief of Staff. This letter will be used to certify the qualifications and credentials of the trainees enrolled in the respective affiliated training program).

Department, Program, or Sponsoring Entity  
Address  
City, State, Zip Code

Director (00)  
VA Facility  
Address  
City, State Zip Code

Dear \_\_\_\_\_:

1. I certify that the information has been verified for the those on the attached list of **(enter program name here, example: Nursing, Pharmacy, etc)** trainees who are scheduled to receive clinical training at Wm Jennings Bryan Dorn VA Medical Center during the period of **xxxx, xx, 20xx to xxxx, xx 20xx (example January 1, 2012 to January 2, 2013)**. These trainees will receive their training in **(enter clinic area Ex: 4-West, Rehab Clinic, Pharmacy Clinic, etc)**. *NOTE: All trainees listed on the TQCVL must have had all primary source verifications completed. Use a separate TQCVL for any trainee with a deficiency or discrepancy (e.g., a restricted license and/or visa eligibility requirements) with the issues stated explicitly and an explanation provided.*

2. In addition, I certify that the trainees in the attached list:

a. Are enrolled in the designated training program and have met criteria for the specified level of training;

b. Have satisfactory health to perform the duties of the clinical training program;

c. Have had tuberculosis screening as required by the Center for Disease Control (CDC) or VA standards. *NOTE: In cases in which the trainee has not had required tuberculosis screening, the VA facility will refuse the trainee appointment until the required health screenings/vaccinations have been performed. The tuberculosis screening may be done by the VA facility for training programs sponsored by VA.*

d. Have had hepatitis B vaccination or have signed declination waivers; *NOTE: In cases in which the trainee has not had a hepatitis B vaccination, the VA facility will refuse the trainee appointment until the required health screenings/vaccinations have been performed or a declination waiver has been signed. The hepatitis B vaccination may be done by the VA facility for training programs sponsored by VA.*

e. Have had primary source verification of educational credentials as required by the admission criteria of the training program;

f. Have had primary source verification of current and past license(s), registration(s) including DEA registration, or certification(s) through the state licensing board(s) and/or national and state certification bodies as required by the training program;

g. Physician residents have had primary source verification of the ECFMG (Educational Council for Foreign Medical Graduates) certificates as appropriate;

h. Have provided letters of reference as required by the training program;

i. Have/have not (circle) been screened against the National Practitioner Data Bank (NPDB) as appropriate for licensed trainees;

j. Have/have not (circle) been screened against the Health and Human Services' List of Excluded Individuals and Entities (LEIE) for all trainees.

3. I will notify the VA Designated Educational Officer as soon as possible but no later than 72 hours of changes in the academic status of individual trainees, adverse actions that affect the trainee appointment, or changes in health status that pose a risk to the safety of trainees, other employees, or patients.

4. I certify that all documents pertaining to the listed trainees are maintained on file and available to VA officials for review.

\_\_\_\_\_  
Name and Title of Sponsoring Entity  
**Program Director or Designated Institutional Official (DIO)**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
**B. James McCallum, MD FACP**  
**Designated Education Officer (DEO)**

\_\_\_\_\_  
(Date)

Attachment: List of Residents/Trainees [Department or Program]

Department, Program, or Sponsoring Entity \_\_\_\_\_ Date: \_\_\_\_\_

For training at the Department of Veterans Affairs health care facility in \_\_\_\_\_

[illegible]